

Exhibit C

1 A Yes.

2 Q "The risks associated with the use of the
3 TVT device are present with other stress
4 incontinence surgeries, such as the Burch procedure
5 or autologous -- autologous fascial sling
6 procedures."

7 Did I read that right?

8 A Yes.

9 Q The next sentence: "The risk of mesh
10 exposure or erosion is arguably unique to mesh-based
11 surgeries, but suture exposures or graft exposures
12 can occur with non-mesh-based procedures too."

13 Did I read that right?

14 A Yes.

15 Q Why are -- why is mesh exposure or
16 mesh erosion arguably unique to mesh-based
17 surgeries?

18 A It -- because it's mesh. You know,
19 mesh -- when you talk about a mesh exposure, it's
20 mesh. But you're correct, and it's -- exposures can
21 happen of other slings, and I was differentiating out
22 synthetic mesh, which is -- you can have exposure of
23 an autologous graft for sure.

24 So mesh -- you know, synthetic mesh

1 erosion is unique. That's all I was -- there's
2 nothing -- there's nothing deep there. Simply that
3 it's mesh that's unique to it, but you can have
4 exposures of other things too.

5 Q Or a suture?

6 A A suture, yeah.

7 Q Does the -- in your mind, does the risk
8 of a suture exposure present the same concern as the
9 risk of a TVT mesh exposure?

10 A Regarding what concerns? I mean --

11 Q Meaning are they -- is an exposure of a
12 suture as significant as a exposure of a TVT
13 product?

14 A Yeah, I had one happen actually, a suture
15 exposure, a Prolene suture -- mesh exposure after
16 a sacro- -- it was not too long ago actually. So a
17 procedure called a sacrospinous ligament fixation.
18 It's a prolapse procedure. And had a woman who had
19 an exposure of her suture, and we had to go back and,
20 you know, basically had to take that suture out. And
21 it's the same sort of thing. So...

22 MR. KOOPMANN: Your time is up, Counsel.

23 MR. CLINTON: There we go. All right.

24 THE VIDEOGRAPHER: Okay.